



FILED
Aug 18, 2005 8:00 am
Secretary of State

07-26-2005 90005 026 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # L04000058741 | | | |  | |
| 1. Entity Name STANARNA, LLC | | | | | |
| Principal Place of Business 1400 CENTREPARK BLVD, #310 WEST PALM BEACH, FL 33405 | | | Mailing Address 1400 CENTREPARK BLVD, #310 WEST PALM BEACH, FL 33405 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 4. FEL Number 26-0096838 | |
| | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent COHEN, FRED C 710 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SMITH, STANLEY R 1400 CENTREPARK BLVD, #310 WEST PALM BEACH, FL 33405 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | HGRM | | 7/21/05 561-683-5090 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |
| STANLEY R. SMITH, HGRM | | | | | |

30010690



07192005 Chg-LLC CR2E083 (10/03)



ATTACHMENT
30010690

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 27, 2005

STANARNA, LLC
1400 CENTREPARK BLVD, #310
WEST PALM BEACH, FL 33405

Subject: STANARNA, LLC

Reference Number: L04000058741

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sc

ANNUAL REPORTS SECTION